

DEPARTMENT OF THE AIR FORCE AIR NATIONAL GUARD

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MEMORANDUM FOR THE ADJUTANT GENERALS, WING COMMANDERS, STATE AIR SURGEONS, MEDICAL SQUADRON COMMANDERS, MEDICAL ASSISTANTS AND ADVISORS

FROM: ANG/SG

3500 Fetchet Avenue

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SUBJECT: Air National Guard (ANG) Fitness Program Update

DoD Directive 1308.1 (20 July 1995)

"It is DoD policy that individual Service members possess the cardio-respiratory endurance, muscular strength and endurance, maintaining desirable body composition, and whole body flexibility to successfully perform in accordance with a Military Service-specific mission and military specialty."

Fitness testing has become a special interest item in the ANG. Almost two years ago, we began examining programs that would bring us into compliance with DoDD 1308.1, "Physical Fitness and Body Fat Program". The old "walk-run" failed on two counts: the walk did not provide a quantifiable measure of cardiac fitness, and the run simply cost too many lives. We have selected a scientifically credible, submaximal stress step test (cardio-respiratory) to preserve life and include the additional components of fitness identified in the DoDD. Sit-ups/Crunches (muscular endurance), push-ups (muscular strength), sit-and-reach (flexibility) and height/weight/waist measurements (body composition) are the other four components of the mandated fitness evaluation. Because of limited training time and budget, large groups of individuals need to be tested at one time, minimizing the amount of time required. Components of such a test have been identified. The new program is an established web-based analysis and database, which will provide each Guard member with a result defined as a "physiological age". Physiological age will be compared to "chronological age". Feedback with suggestions for improving (lowering) physiological age will be the wellness objectives of this program. Data storage for statistical analysis will be incorporated into the web-based program. This program will become a valuable health promotions tool for members and commanders. Similar programs are used by most of the major health clubs and fitness centers across the nation.

With the concurrence of the Air Force Surgeon General and the Director, Air National Guard, we are now ready to move forward with implementing the new fitness-testing program in the ANG. The tests are identified and the equipment purchased. Within the next few months, each ANG Wing will receive 100 six-inch aerobic exercise steps to use in combination for the twelve-inch standardized "step test". The step test has been used for decades by cardiologists around the world as a measure of cardiac fitness. Each Wing will additionally receive 50 exercise mats and 50 pulse monitors. Wings supporting large GSUs will receive additional equipment. ALL AIR NATIONAL GUARD MEMBERS ATTENDING THE NOVEMBER 2002 ASSOCIATION OF MILITARY SURGEONS' (AMSUS) MEETING IN LOUISVILLE, KY, WILL RECEIVE FORMAL INSTRUCTION ON THE SCIENCE AND ADMINISTRATION OF THIS TEST AND WILL BE EXPECTED TO COMPLETE THE TEST WHILE AT AMSUS. Unfortunately, because the software contract is for initial use in FY03 and Congress has not yet passed a Defense Budget, data for AMSUS participants will have to be recorded, but

not yet analyzed, until FY03 money is available and contract is awarded. Our goal is to have everything in place to *begin FY03 fitness testing in January 2003*. By that time, all units should have both equipment and personnel trained in administrating the fitness program. Instructional videos and satellite broadcasts will be available over the coming months to assist with smooth implementation of this program and use of the new software, when it becomes available.

Because the cardiac portion of the test is a *submaximal stress step test*, requiring no more exertion than climbing stairs for three minutes, there is NO REQUIREMENT FOR MEDICAL MONITORING OF THE TEST ITSELF. This fitness evaluation is based on accepted standards in both the civilian and military medical communities. As with any other exercise or activity on base, those administering the test should be familiar with local emergency medical response policy and have access to the "911" system while testing. The Fitness Program Manager, medic or other guard member, is responsible for training those administering the test in each squadron on base. The medics are not responsible for administration of the test base-wide. ANG members who identify themselves on the Fitness Assessment Screening Questionnaire as having a medical condition that precludes their participation in a portion of the fitness evaluation MUST be evaluated by the Medical Liaison Officer (MLO) at the medical squadron prior to testing. The standardized questionnaire will be available to all units on a designated fitness web site.

Each ANG member will be provided a copy of his/her individual assessment report. In the event that a member's physiological age is greater than seven years higher than his/her chronological age, the member will be entered into the Fitness Enhancement (FITE) Program with retesting in six months. Particularly, in a physically challenging deployed environment, the danger of injury or illness in a physically unfit individual is greater than the danger in a healthy, fit member. (ANGI 40-501, "ANG Fitness Program", is undergoing revision to reflect these new requirements of the fitness program.)

I realize that we have been promising a new fitness-testing program for some time, that goal is now within reach. The hard work of many individuals at NGB, USAF, and those in Guard units that beta-tested the program has made this a realization. Lt Col (Dr) Reid Muller, a board-certified cardiologist with special interest in fitness, has provided able guidance as we have developed this program. Lt Col Muller the commander of the 174th Medical Squadron, NYANG, has generously agreed to continue to serve as the medical director of the fitness program. My POC for this fitness testing program is Col Sylvia Nye, ANG/SGO, 301-836-8558 (DSN 278-8558), Sylvia.Nye@ang.af.mil.

This memorandum will expire 01 October 2004 unless sooner rescinded or superceded.

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The Air Surgeon

Chief, Medical Services Directorate